

HCBS Settings Heightened Scrutiny Validation Interview Tool Staff

Provider Name/Provider ID:

Site Name/Site ID:

Staff interviewed:		Position/Title:	
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The purpose of this interview is to get feedback from staff like you who provide Medicaid HCBS Waiver Services.

We have several people that are participating in this process today. I will be the person asking most of the questions, but at times someone else here will ask an additional question. We have multiple agencies represented such as DOH, DSH, and OQD. Would you be more comfortable with the cameras on so you can see everyone or would you prefer that we turn the cameras off for everyone that is not talking?

Introduction: “Community” as referenced in the settings rule refers to the greater community and not solely a community of one’s peers. The greater community is the town, city, or area individuals live, work, and play in. Community integration also means more than integration with peers who also receive services with individuals. Integrated settings encourage interaction with people who do not have disabilities.

#	Indicator Question	Scale	Follow-up questions	Comments/Notes Document any time there is a modification or restriction involved.
1	<p>Is there a variety of community integration opportunities that individuals participate in?</p> <p>This can include volunteering, social activities, competitive integrated employment, etc.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> ● What does community integration look like for the people you serve? ● How often are individuals able to access their community? ● Are there groups that are participating in different activities or do all groups participate in the same activity? ● Typically, what is the group size of individuals going out? ● How do individuals get to these activities (e.g. public transportation, company vehicles, etc.)? 	This is a standard question
2	<p>Are individuals able to participate in making their own schedule and choosing which activities they participate in?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> ● Describe the planning process for activities (monthly, daily, weekly, etc.). ● Do individuals have to participate in activities that they don’t want to? ● What happens when an individual or group does not want to do what is on the schedule? 	This is a standard question

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			<ul style="list-style-type: none"> • What happens if a resident wants to go out into the community and it is not on the schedule? 	
3	Are residents able to lock their bathroom doors?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear		This is an example of a setting specific question
4	Is there a process in place to support individuals to obtain Competitive Integrated Employment (CIE)?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • How do you support individuals to know about and obtain CIE if they choose? • How is CIE promoted and encouraged? 	This is an example of a setting specific question
5	Are residents able to provide feedback on the menu?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • How are they able to provide feedback • If a resident gives you feedback, what do you do with that information? 	This is an example of a setting specific question
6	Do you knock and receive permission prior to entering a resident's private living space?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • Under what circumstances will enter a private living space without permission? • Is this individualized based on a resident's preference? 	This is an example of a setting specific question
7	Have you received training specific to New Choices Waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • Tell us a little about the training. What did you learn? • How are you trained? • Do any of the individuals you support have restrictions in place? • If yes, what are the restrictions and are there ways for others to circumvent (if applicable)? 	This is an example of a setting specific question
8	Is skill building and community integration promoted while in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • How do you promote integration while in the community? • How do you promote skill building while in the community? 	This is an example of a setting specific question

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			<ul style="list-style-type: none"> • How do you ensure activities are meaningful for individuals? • How are activities individualized for people? 	
9	Is there assigned seating in the dining room?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • Can individuals sit wherever they want? 	This is an example of a setting specific question
10	Can residents have visitors at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • What time are individuals allowed to have visitors? 	This is an example of a setting specific question
11	Are residents able to prepare their own food/meals if they want to?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • How are they able to do this? 	This is an example of a setting specific question
12	Are residents able to receive assistance with bathing when they choose?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • Is there a schedule for bathing? • What happens if the resident wants to change that schedule? 	This is an example of a setting specific question
13	Can individuals come and go from the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • Are individuals required to be supervised when they leave the facility? • Are there currently any individuals with supervision restrictions? 	This is an example of a setting specific question
14	I have been trained on specific needs, supports, and preferences of the individuals I serve.	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unclear	<ul style="list-style-type: none"> • How are you trained? • How often are you trained? • Do any of the individuals you support have restrictions in place? • If yes, what are the restrictions and are there ways for others to circumvent (if applicable)? 	This is a standard question

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Other Comments/Notes:			
Concerns Identified:			
Interview completed by:		Date of interview:	